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CONFIRMATION NO. 5801

SERIAL NUMBER 09/666,146	FILING DATE 09/20/2000 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. PM 268411
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APPLICANTS

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 Wolfgang Kupker, Lubeck, GERMANY;

** CONTINUING DATA *****
 This appln claims benefit of 60/155,478 09/23/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/14/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	GERMANY	2	27	2
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS
 909
 PILLSBURY WINTHROP, LLP
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TITLE
 Method for the therapeutic management of extrauterine proliferation of endometrial tissue, chronic pelvic pain
 and fallopian tube obstruction

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/155,478 09/23/1999 SH 1/12/01				
** FOREIGN APPLICATIONS ***** None SH 1/12/01				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/14/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>John H. H. H.</i> Initials		STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 27
INDEPENDENT CLAIMS 2				
ADDRESS Pillsbury Madison & Sutro LLP Intellectual Property Group 1100 New York Avenue NW Ninth Floor Washington, DC 20005-3918				
TITLE Method for the therapeutic management of extrauterine proliferation of endometrial tissue, chronic pelvic pain and fallopian tube obstruction				
FILING FEE RECEIVED 966	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	